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H.G.J
9/19/01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Edgren et al.

Serial No.: 09/469,399

Filed: 12/22/99

For: Gastric Retention Dosage Form Having Multiple Layers

Examiner: E. Choi

Group Art Unit: 1616

Attorney Docket No.: ARC2885R1

CERTIFICATE OF MAILING

I hereby certify that this correspondence along with any attachments referred to or identified as being attached or enclosed is being deposited with the United States Postal Service as First Class Mail (under 37 C.F.R. § 1.8(a)) on the date of deposit shown below with sufficient postage and in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

August 27, 2001
Date of Deposit

Elizabeth Grannell
Signature of registered practitioner or other person having reasonable basis to expect mailing to occur on date of deposit shown pursuant to 37 C.F.R. § 1.8(a)(1)(ii)
Elizabeth Grannell
Typed/printed name of person whose signature is contained above

AMENDMENT

Box
Commissioner for Patents
Washington, D.C. 20231

Sir:

The following amendments and remarks are filed in response to the Examiner's remarks in the

09/19/2001 GTR:WFL 00000006 011171 09/19/2001
Office Action mailed February 27, 2001, the sixth-month statutory period for response to which
01 FC:103 expires on August 27, 2001.

IN THE SPECIFICATION:

Please replace the paragraph beginning on page 25, line 15 with the following rewritten paragraph:

Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$890.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee
Total	26	Minus	25	= 1	x \$18 =	\$18
Indep.	2	Minus	3	= 0	x \$80 =	\$0
First Presentation of Multiple Dependent Claim					+ \$270 =	\$0
					Total Addit. Fee	<u>\$18</u>

* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Total additional fee for claims required \$18.00

FEE PAYMENT

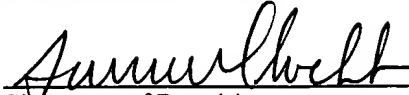
5. Charge Account No. 01-1173 the sum of \$908.00. A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 01-1173.

If any additional fee for claims is required, charge Account No. 01-1173.

Date: 8/27/01


Signature of Practitioner

Reg. No.: 44,294
Tel. No.: 650-564-5106
Customer No.: 22921

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